

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

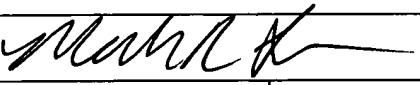
| | | | | | |
|---|--|---------------------------|---|--|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number | | 23500 | | OR <input type="checkbox"/> Correspondence address below | |
| Name Exelixis, Inc. | | | | | |
| Address 170 Harbor Way | | | | | |
| City South San Francisco | | State CA | | ZIP 94083-0511 | |
| Country US | | Telephone 650-837-7000 | | Fax 650-837-8234 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Michael R. | | | Family Name or Surname Costa | | |
| Inventor's Signature <i>Mr R Costa</i> | | | Date 7/18/05 | | |
| Residence: City SAN FRANCISCO | | State CA | Country US | Citizenship US | |
| Mailing Address 18 HAZELWOOD AVENUE | | | | | |
| City SAN FRANCISCO | | State CA | Zip 94112 | Country US | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Mark E. | | | Family Name or Surname Maxwell | | |
| Inventor's Signature | | | Date | | |
| Residence: City SAN FRANCISCO | | State CA | Country US | Citizenship US | |
| Mailing Address 524 30TH AVENUE, #105 | | | | | |
| City SAN FRANCISCO | | State CA | Zip 94121 | Country US | |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|---------------------------------|---|--|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number | | 23500 | | OR <input type="checkbox"/> Correspondence address below | |
| Name Exelixis, Inc. | | | | | |
| Address 170 Harbor Way | | | | | |
| City South San Francisco | | State CA | | ZIP 94083-0511 | |
| Country US | | Telephone 650-837-7000 | | Fax 650-837-8234 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Michael R. | | | Family Name or Surname Costa | | |
| Inventor's Signature | | | | Date | |
| Residence: City SAN FRANCISCO | | State CA | Country US | Citizenship US | |
| Mailing Address 18 HAZELWOOD AVENUE | | | | | |
| City SAN FRANCISCO | | State CA | Zip 94112 | Country US | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Mark E. | | | Family Name or Surname Maxwell | | |
| Inventor's Signature <i>M. E. Maxwell</i> | | | | Date 7/28/2005 | |
| Residence: City LANSDALE SAN FRANCISCO mm | | State PA CA mm | Country US | Citizenship US | |
| Mailing Address 624 30TH AVENUE, #105 ^{mm} 1160 S. VALLEY FORGE RD. | | | | | |
| City LANSDALE SAN FRANCISCO mm | | State PA CA mm | Zip 19446 94121 mm | Country US | |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |

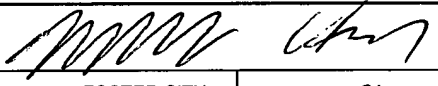
| | |
|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| Page 3 of 4 | |

| | | | |
|--|----------|---|----------------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Mark R. | | Lackner | |
| Inventor's Signature  | | Date 8/10/05 | |
| Residence: City BRISBANE | State CA | Country US | Citizenship US |
| Mailing Address 143 MENDOCINO STREET | | | |
| Mailing Address | | | |
| City BRISBANE | State CA | ZIP 94005 | Country US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Tak | | Hung | |
| Inventor's Signature | | Date | |
| Residence: City FOSTER CITY | State CA | Country US | Citizenship CN |
| Mailing Address 1072 GULL AVENUE | | | |
| Mailing Address | | | |
| City FOSTER CITY | State CA | Zip 94404 | Country US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Carol L. | | OBrien | |
| Inventor's Signature | | Date | |
| Residence: City PACIFICA | State CA | Country US | Citizenship US |
| Mailing Address 461 NORFOLK DRIVE | | | |
| Mailing Address | | | |
| City PACIFICA | State CA | Zip 94044 | Country US |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

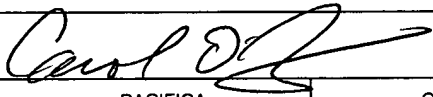
| | |
|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| Page 3 of 4 | |

| | | | | | |
|---|-------------|-------|------------------------|---|-------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| Mark R. | | | Lackner | | |
| Inventor's Signature | | | | Date | |
| Residence: City | BRISBANE | State | CA | Country | US |
| Mailing Address 143 MENDOCINO STREET | | | | | |
| Mailing Address | | | | | |
| City | BRISBANE | State | CA | ZIP | 94005 |
| Country | | | | US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| Tak | | | Hung | | |
| Inventor's Signature  | | | | Date July 16th 2005 | |
| Residence: City | FOSTER CITY | State | CA | Country | US |
| Mailing Address 1072 GULL AVENUE | | | | | |
| Mailing Address | | | | | |
| City | FOSTER CITY | State | CA | Zip | 94404 |
| Country | | | | US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| Carol L. | | | OBrien | | |
| Inventor's Signature | | | | Date | |
| Residence: City | PACIFICA | State | CA | Country | US |
| Mailing Address 461 NORFOLK DRIVE | | | | | |
| Mailing Address | | | | | |
| City | PACIFICA | State | CA | Zip | 94044 |
| Country | | | | US | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

| | |
|--------------------|---|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| Page 3 of 4 | |

| | | | |
|--|-------------|---|-------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Mark R. | | Lackner | |
| Inventor's Signature | | Date | |
| Residence: City | BRISBANE | State | CA |
| | | Country | US |
| Mailing Address 143 MENDOCINO STREET | | | |
| Mailing Address | | | |
| City | BRISBANE | State | CA |
| | | ZIP | 94005 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Tak | | Hung | |
| Inventor's Signature | | Date | |
| Residence: City | FOSTER CITY | State | CA |
| | | Country | US |
| Mailing Address 1072 GULL AVENUE | | | |
| Mailing Address | | | |
| City | FOSTER CITY | State | CA |
| | | Zip | 94404 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Carol L. | | OBrien | |
| Inventor's Signature  | | Date 8/25/05 | |
| Residence: City | PACIFICA | State | CA |
| | | Country | US |
| Mailing Address 461 NORFOLK DRIVE | | | |
| Mailing Address | | | |
| City | PACIFICA | State | CA |
| | | Zip | 94044 |
| | | Country | US |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 4 of 4

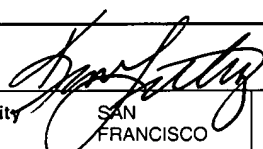
| | | | |
|---|---------------|---|-------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Timothy S. | | Heuer | |
| Inventor's Signature <i>Timothy S Heuer</i> | | Date 07-15-2005 | |
| Residence: City | EL GRANADA | State | CA |
| | | Country | US |
| Mailing Address 315 AVENUE DEL ORO | | | |
| Mailing Address | | | |
| City | EL GRANADA | State | CA |
| | | ZIP | 94018 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kim | | Lickteig | |
| Inventor's Signature | | Date | |
| Residence: City | SAN FRANCISCO | State | CA |
| | | Country | US |
| Mailing Address 144 MISSOURI STREET | | | |
| Mailing Address | | | |
| City | SAN FRANCISCO | State | CA |
| | | Zip | 94107 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
| | | Country | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 4 of 4

| | | | |
|--|---------------|---|-------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Timothy S. | | Heuer | |
| Inventor's Signature | | Date | |
| Residence: City | EL GRANADA | State | CA |
| | | Country | US |
| Mailing Address 315 AVENUE DEL ORO | | | |
| Mailing Address | | | |
| City | EL GRANADA | State | CA |
| | | ZIP | 94018 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kim | | Lickteig | |
| Inventor's Signature | | Date | |
|  | | 7/15/05 | |
| Residence: City | SAN FRANCISCO | State | CA |
| | | Country | US |
| Mailing Address 144 MISSOURI STREET | | | |
| Mailing Address | | | |
| City | SAN FRANCISCO | State | CA |
| | | Zip | 94107 |
| | | Country | US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
| | | Country | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.